

**TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE  
ACTUAL EXPENSE WORKSHEET**

EMPLOYEE NAME:

DATE SUBMITTED:

Day	Date	Lodging	Meals			Coin Laundry	Dry Cleaning	Daily Total	Comments
			Breakfast	Lunch	Dinner				
1st									
2nd									
3rd									
4th									
5th									
6th									
7th									
8th									
9th									
10th									
11th									
12th									
13th									
14th									
15th									
16th									
17th									
18th									
19th									
20th									
21st									
22nd									
23rd									
24th									
25th									
26th									
27th									
28th									
29th									
30th									
Monthly Totals:									

**NOTE 1: Lodging Receipts must be attached in all cases.**

**NOTE 2: Receipts must be provided for each expense (including meals) exceeding \$75.00 in cost.**

**Relocation Specialist Use Only**

### Computation of Maximum Allowable Entitlement For This Period

Employee, or unaccompanied Spouse: \_\_\_\_\_ days @ \$\_\_\_\_\_ = \$\_\_\_\_\_

Accompanying Spouse: \_\_\_\_\_ days @ \$\_\_\_\_\_ = \$\_\_\_\_\_

\_\_\_\_ Family member(s) 12 years or older: \_\_\_\_ days @ \$ \_\_\_\_ = \$ \_\_\_\_

\_\_\_\_ Family member(s) under 12 years: \_\_\_\_\_ days @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Maximum Allowable Entitlement This Period: \$\_\_\_\_\_